

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Lee) I hereby certify that this paper is) being deposited with the United
Serial No.: 10/627,057	 States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Filed: July 25, 2003) Commissioner for Patents, P.O.) Box 1450, Alexandria, VA 22313-) 1450 on this date:
For: RF SEMICONDUCTOR DEVICES AND METHODS FOR FABRICATING THE SAME) March 21, 2005) Jan (c. 7 la)
Group Art Unit: 2822	/ames A. Flight Registration No. 37,622 Attorney for Applicant(s)
Examiner: Maria F. Guerrero))

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action pending in the above application.

03/25/2005 ZJUHAR1 00000005 10627057 01 FC:1251 120.00 OP

1.	Smal	Small Entity Status				
		Verified statement(s) claiming small entity status is(are) attached. Small entity status has been established and is still effective. Has not been established.				
2.	Exte	Extension of Time				
	\boxtimes	This is a petition for an extension of time under 37 CFR 1.136 for the total				

number of months checked below:

EXTENSION (Months)	FEE FOR I	LARGE ENTITY	FEE FOR SMALL ENTITY	
One Month	X	\$120.00	\$60.00	
Two Months		\$450.00	\$225.00	
Three Months		\$1020.00	\$510.00	
Four Months		\$1,590.00	\$795.00	
Fifth Month		\$2,160.00	\$1,080.00	

If an additional Extension of Time is required, please consider this a petition therefor.

An extension for month(s) has already been secured and the fee paid therefor of \$\\$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee: \$120.00

Extension Fee Due With This Request \$120.00

Fee for Claims 3.

 \boxtimes The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

					SMAL	L ENTITY	1	ER THAN A LL ENTITY
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee	
TOTAL	10	MINUS	20	= 0	x25=	\$	x50=	\$0.00
INDEP.	1	MINUS	3	= 0	x100=	\$	x200=	\$0.00
First Presentation of Multiple Dependent Claim			+180=	\$	+360=	\$		
TOTAL ADDITIONAL FEE				\$	OR	\$0.00		
TOTAL A	ADDITIONAL	FEE				\$	OR	

4. Method of Payment of Fees

\boxtimes	Attached is a check in the amount of:	\$120.00
	Charge Deposit Account No. 50-2455 in the amount of:	\$

A copy of this Transmittal is enclosed.

5. **Deposit Account and Refund Authorization**

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455. A copy of this Transmittal is enclosed.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC **USPTO Customer Number 34431** 20 North Wacker Drive **Suite 4220**

Chicago, Illinois 60606

(312)/580-1020

By:

James A. Flight

Registration No.: 37,622

March 21, 2005